S
362.296
P30TSR
JAN. 2006

Montana State Library
3 0864 1003 6349 1

Tobacco Surveillance Report

January, 2006

YOUTH TOBACCO USE AND EXPOSURE

Tobacco is the single greatest preventable cause of chronic disease morbidity and mortality in Montana.

- Tobacco is responsible for more than 90% of cancers of the lung, throat, and oral cavity. It is also a risk factor for bladder and kidney cancers and breast and cervical cancers.
- Tobacco contributes to more than 80% of cardiovascular deaths.
- More than 70% of smokers and users of chew tobacco start in their teens or even in late childhood and many quickly become addicted.
- Even children who do not smoke may be exposed to second hand smoke, which is nearly as injurious as smoking.

STATE DOCUMENTS COLLECTION
FEB - 2006
MONTANA STATE LIBRARY
1515 E. 6th AVE.
HELENA, MONTANA 59620

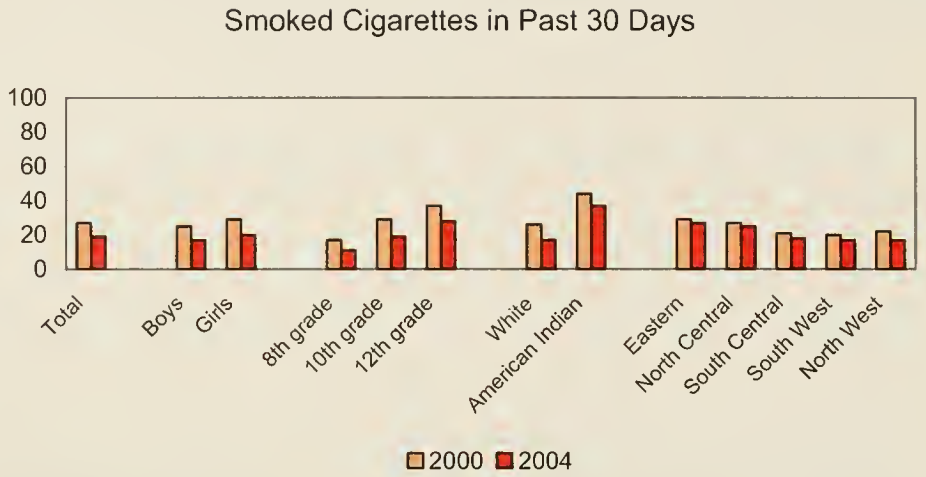
What are the trends in tobacco use among Montana youth?
What do Montana youth know about the hazards of tobacco?

The Montana Department of Health and Human Services, Addictive and Mental Disorders Division, has conducted the Prevention Needs Assessment (PNA) community student survey every other year since 1998. Public and private schools throughout Montana are invited to participate on a voluntary basis. The survey is distributed to all 8th, 10th, and 12th grade classrooms in participating schools. It includes questions about tobacco use:

- During the past 30 days, on how many days did you smoke cigarettes?
- How frequently have you used chew tobacco during the past 30 days?
- During the past 30 days, have you been with somebody who was smoking? This can be at home, school, or any other place.
- How much do you think people risk harming themselves [physically or in other ways] if they smoke a pack or more of cigarettes a day?

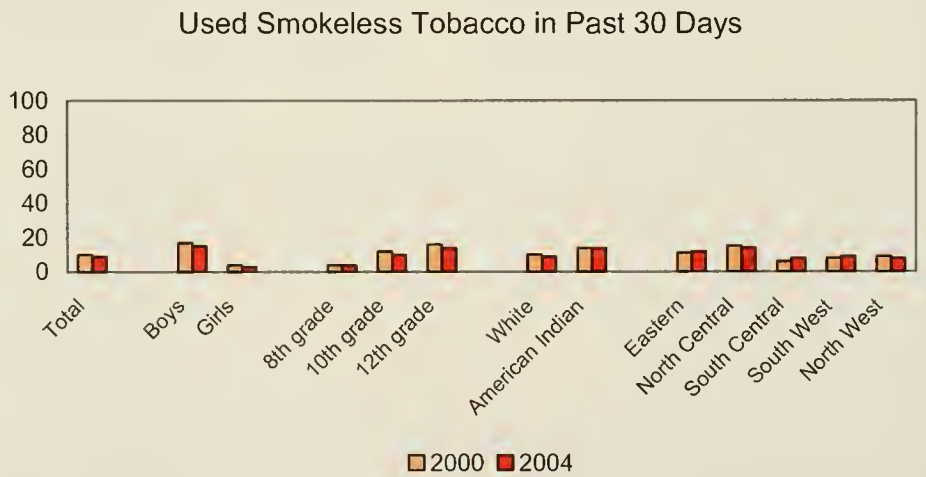
In 2000, 101 middle and high schools participated in the PNA, including a sample of 17,055 students. In 2004, there were 139 participating schools and 18,579 students.

Who smokes?



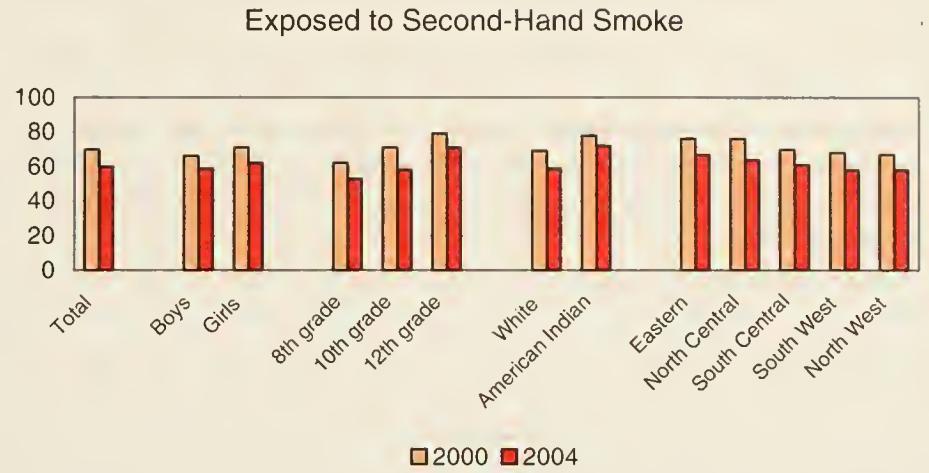
- Between 2000 and 2004, smoking declined from 27% to 19% among all students.
- Declines were seen in both sexes, all grades, among White and American Indian students, and in all Health Planning Regions.
- Older students continued to smoke more than younger students, girls smoked more than boys, American Indian students smoked more than White students, and students in the Eastern and North Central Regions smoked more than students in other regions.

Who chews?



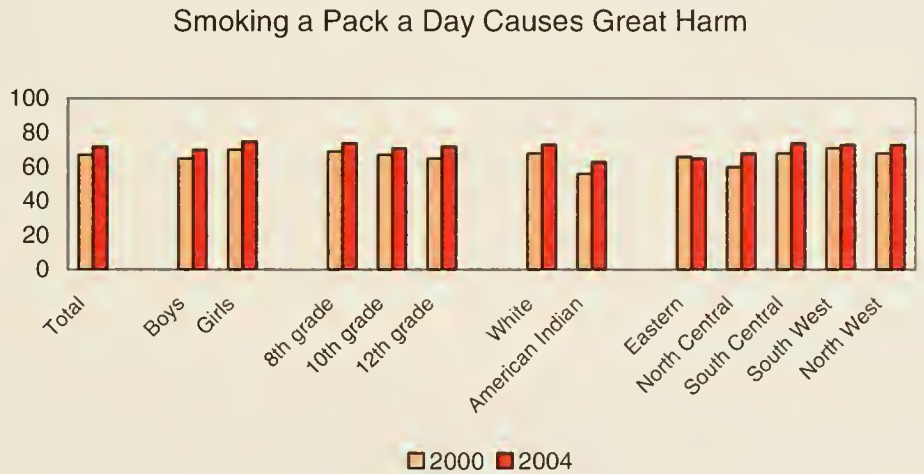
- Overall, the use of smokeless tobacco declined by only 1% between 2000 and 2004.
- Use was higher among boys, in higher grades, among American Indians, and in the North Central Health Planning Region.

Who is exposed to second hand smoke?



- Exposure to second-hand smoke has declined but is still too high.
- In 2004, 60% of students reported being exposed to second hand smoke, compared to 70% in 2000.
- Exposure was more common in higher grades, among American Indian students, and among students in the Eastern Health Planning Region.

Who is aware of the risks?



- More than 90% of students felt that smoking a pack a day incurred some degree of health risk.
- Between 2000 and 2004, students who attributed "great risk" to smoking increased from 67% to 72%.
- Awareness increased in all groups except students in the Eastern Health Planning Region.
- Awareness was higher in girls, in higher grades, and among White students, and lowest in the Eastern Health Planning Region.

Although youth tobacco use and exposure are declining in Montana, they are still unacceptably high.
What can be done to reduce youth tobacco use and exposure?

- **School-based tobacco prevention programs** are effective in delaying the onset of smoking.[1]
  - Programs are most effective when combined with wider community and public policy programs that include parents, health care workers, mass media, community organizations, and other aspects of the social environment.[1]
- **Mass-media campaigns**, especially those that expose the tobacco industry's deceptive marketing practices, are associated with declines in youth smoking.[2]
  - Montana is among the states with the lowest volume of such marketing.[2]
  - Increases in mass-media messages targeted to youth are warranted.
- **The American Academy of Pediatrics encourages health care providers to**
  - Counsel parents to provide smoke-free environments for children.
  - Counsel smoking parents to quit and provide assistance and referral.
  - Counsel non-smoking youth to abstain.
  - Counsel smoking youth to quit and provide assistance and referral.[3]
- **The Montana Clean Indoor Act** was approved by the 2005 legislature and went into effect on October 1.
  - Nearly all public buildings, including schools, are now smoke-free.
  - The few remaining businesses that may delay going smoke-free until 2009 must prohibit access by children under the age of 18 now.
- **Laws prohibiting sales of tobacco to children** under the age of 18 are in place in Montana although enforcement has not been adequate.[4]
- **State taxes on tobacco products** increased by $1 per pack of cigarettes and 50¢ per can of chew in January, 2005.
  - Increases in the cost of cigarettes have been shown to reduce smoking among youth.[1]

1. Preventing Tobacco Use Among Young People. A Report of the Surgeon General. USDHHS, 1994.
2. Farrelly et al., 2005, Am J Public Health, 95:425-431.
3. Stein et al. 2000 Pediatrics 106:66-85.
4. DiFranza and Dussault, 2005, Tob Control 14:93-98.

For more information about the Prevention Needs Assessment Survey, contact Jackie Jandt, Planning & Outcome Officer, Chemical Dependency Bureau, Addictive and Mental Disorders Division, Department of Public Health and Human Services,
406-444-9659, jjandt@mt.gov
For more information about the State of Montana's Tobacco Use Prevention Program, contact Linda Lee, Section Supervisor, MTUPP, Chronic Disease Prevention and Health Promotion Bureau, Department of Public Health and Human Services
406-444-9617, llee@mt.gov
Alternative accessible formats of this publication will be provided on request. For further information, contact Carol Ballew, PhD, Epidemiologist, Montana Tobacco Use Prevention Program, at 406-444-6988, cballew@.mt.gov

2,500 copies of this public document were published at an estimated cost of $ .24 per copy, for a total cost of $600.00, which includes $600.00 for printing and $0.00 for distribution.